

**VICTORIA PARK
CHILD CARE CENTRE**

172 Queen Street
Cobourg, Ontario K9A
5P6
Phone: 905-372-2143
Fax: 905-372-2441
vpc@vpcchildcare.com

Cook's School Day Care Inc.



OFFICE USE ONLY

() New Application
() Renewal Application

Start Date:
(D) _____ (M) _____ (Y) _____

Withdraw Date:
(D) _____ (M) _____ (Y) _____

APPLICATION - CENTRE

ANNUAL ADMINISTRATION FEE: \$20.00 PER CHILD/\$30 PER FAMILY
(Added to the 1ST Pre-Authorized Debit & Every January 1ST Thereafter)

SCHOOL-AGE SUMMER ACTIVITY FEE: \$30 per Child (Added to June 1st /15th Pre-Authorized Debit)

FAMILY INFORMATION

Child's Surname:		Child's First Name:		Sex: M or F	
Child Lives With:			Date of Birth : (D) ____ (M) ____ (Y) ____		
Parent / Guardian			Parent / Guardian		
Name:			Name:		
Address Street, R.R. #, Apt:			Address Street, R.R. #, Apt:		
Town, Province:			Town, Province:		
Postal Code:			Postal Code:		
Telephone: () -			Telephone: () -		
Cell Phone: () -			Cell Phone: () -		
Email Address:			Email Address:		
<u>Employer/School</u>			<u>Employer/School</u>		
Address (Street, Town):			Address (Street, Town):		
Telephone: () -			Telephone: () -		
Department/Extension:			Department/Extension:		
School Program Name:			School Program Name:		

Custody / Visiting Arrangements

If applicable, a copy of the CURRENT court document, outlining custody and/or visiting arrangements, must be submitted to the office to ensure your child/ren's safety.

CUSTODY DOCUMENT PROVIDED? YES NO NOT APPLICABLE

Other Children in the Family

Name:	Date of Birth (d) (m) (y)
Name:	Date of Birth (d) (m) (y)
Name:	Date of Birth (d) (m) (y)

IN CASE OF EMERGENCY *and* RELEASE OF THE CHILD

Other than Parent / Guardian. MUST BE LOCAL. This space cannot be left blank.

Name:	Name:
Address: Street: Town:	Address: Street: Town:
Telephone: () - () -	Telephone: () - () -
Can this child be released to this Person? YES <input type="checkbox"/> NO <input type="checkbox"/>	Can this child be released to this Person? YES <input type="checkbox"/> NO <input type="checkbox"/>
Name:	Name:
Address: Street: Town:	Address: Street: Town:
Telephone: () - () -	Telephone: () - () -
Can this child be released to this Person? YES <input type="checkbox"/> NO <input type="checkbox"/>	Can this child be released to this Person? YES <input type="checkbox"/> NO <input type="checkbox"/>

CHILD'S HEALTH HISTORY

Child's Physician:	Physician's Telephone: () -
Physician's Address (Street, Town):	
List all symptoms / reactions that indicate that your child is feeling unwell:	

Allergies / Food Restrictions - List all allergies / restrictions or limitations below

Food Allergies (Items to be omitted)	Food Restrictions (Items to be limited)	Environmental Allergies (Medication, insect bites, etc.)

Check this box if parent / guardian providing menu items with written

feeding and food storage instructions.

List all signs/symptoms/reactions that are observed if your child has contact with the source of the allergy.

Has medical attention been obtained because of allergies/ongoing medical conditions or illness? **YES** **NO** If yes, please comment.

IS YOUR CHILD AT RISK OF ANAPHYLAXIS (life threatening allergic reaction)? **YES** **NO**

Check this box if an **Individual Emergency Response Plan** accompanies this application. The form provided by Cook's must be completed for any medical needs that may require immediate medical intervention. Examples: life-threatening allergic reaction, asthma, diabetes. The form must be updated immediately as changes occur.

What conditions and/or illnesses has this child experienced to date?
Please check beside any that apply.

<input type="checkbox"/> Chicken Pox	Age: _____	<input type="checkbox"/> Scarlet Fever	Age: _____
<input type="checkbox"/> Mumps	Age: _____	<input type="checkbox"/> Measles	Age: _____
<input type="checkbox"/> Hepatitis	Age: _____	<input type="checkbox"/> Diabetes (first diagnosed)	Age: _____
<input type="checkbox"/> Other (specify)			Age: _____

May your child participate in physical exercise? **YES** **NO** If no, please comment.

Immunization

Proof of immunization or a written objection on a Ministry-approved form, **Statement of Medical Exemption for Child** or **Statement of Conscious or Religious Belief for Child** that excludes the child from being immunized must be provided upon enrollment. Families are required to provide proof of any further boosters if choosing to immunize the child once enrolled in the program.

The local Health Unit obtains a copy of the record from the agency office and will contact the family if any immunization information is lacking.

A child will be excluded from the program until the appropriate information is provided.

CHILD'S SCHEDULE

Indicate precisely the days of the week and the hours of care required on the **CHILD CARE SCHEDULE REQUEST FORM** available from the office or on our website www.cooksdaycare.ca. You are expected to submit the completed form to the office on or before the deadline date indicated on the form.

If you require a change to the schedule, it **MUST** be submitted to the office **at least two weeks (four weeks in July & August)** in advance of the change, using the form provided by Cook's School Day Care Inc.

Pre-Authorized Debit amounts are calculated directly from the schedules submitted to and

approved by the Administration.

KINDERGARTEN / SCHOOL-AGED CHILDREN

Name of School:

Present Grade:

Location (Town, Village):

Schedule: Please check below the type of care required

**Non-School Days
PA Days, School
Holidays**
YES NO

Before School
YES NO
Escort to School/Bus by Child Care Means

After School
YES NO
Escort to Child Care by Child Care Means

Transportation / Escort to and from School

I grant permission to Cook's School Day Care Inc to carry out the arrangements made for my child to be transported or accompanied to and/or from School according to the option checked below:

My child be escorted directly to and/or from school by Cook's Staff.



My child be escorted directly to and/or from the bus-stop by Cook's Staff where he/she may be transported to school or returned to the Child Care Centre.



I have made arrangements for my child to be transported to and/or from School. My child is traveling to and/or from school using a taxi arranged by the family/school. The taxi company is: _____. Before school pick-up time is: _____am. After school return time is: _____pm. The taxi company has been informed that the driver must pick-up the child inside from Cook's Staff before school and deliver the child inside to Cook's Staff after school.



Not applicable. I do not require transportation nor an escort for my child to and/or from school.



ALL PARENTS / GUARDIANS PLEASE NOTE

On days when the playgrounds are not suitable for use, the children may be taken for a walk off of the day care property. If you have any questions, please contact the Executive Director, Lynn Stubbings or the Supervisor, Sharon Welsh.

ALL PARENTS / GUARDIANS – PLEASE COMMENT

How did you become aware of our service?

Why did you choose our service?

PARENT / GUARDIAN AGREEMENT

Please read and initial beside each of the following statements to confirm your acknowledgement

I have received and take responsibility to read my copy of the Parent Handbook. _____
Your initials

I will access the website www.cooksdaycare.ca or request hard copies of:

- the Program Statement
- fees
- the menu
- policies (including Prohibited Practices, Self-Regulation Policy, Sleep & Rest)

Your initials

I understand and agree to abide by the financial arrangements. _____
Your initials

I understand that ALL FAMILIES must enroll in the Pre-Authorized Debit (PAD) payment program to pay child care fees. Payments are automatically withdrawn from my savings/chequing account. _____
Your initials

I am responsible for any applicable service charges if a payment is declined or does not clear the bank. _____
Your initials

I have fully completed the consent form and attached/included my account information (void cheque/savings account information). _____
Your initials

I understand I must submit each Child Care Schedule Request form to the office on or before the deadline date. My space is not guaranteed unless I submit my schedule on or before the date indicated on the form. _____
Your initials

I understand that regular fees are billed for ALL STATUTORY HOLIDAYS/DAYS OF CLOSURE - NO EXCEPTIONS. Your Parent Handbook includes a list. _____
Your initials

I understand that a fee of \$5.00 per minute is charged if my child is dropped off prior to 6:00am and/or picked up after 7:00pm **(According to the Child Care Centre clock).** _____
Your initials

I understand that **two weeks written notice** is required if I plan to TEMPORARILY OR PERMANENTLY withdraw my child/ren from any Program of Cook's School Day Care Inc. I will be billed until Cook's School Day Care Inc receives my **written notice**. _____
Your initials

I understand and respect that bullying, harassment and violence are not tolerated toward any person in this workplace. _____
Your initials

Parent/Guardian Signature Date (d) (m) (y)

CHILD CARE ACCOUNT UPDATES

In an effort to reduce the amount of paper we use, we will not prepare a monthly statement of account unless the Parent/Guardian of a child in our care requests it.

If you request an update, please allow a minimum of 24 hours for its preparation.

Account updates must be picked up at the child care centre office – they are not mailed unless you provide a stamped, self-addressed envelope.

IN CASE OF SERIOUS ILLNESS OR INJURY TO MY CHILD WHILE ATTENDING THE CHILD CARE PROGRAM, I AGREE TO:

- The Child Care Centre calling an ambulance to transport my child to the hospital. I understand that Parents/Guardians are contacted and informed to go directly to the hospital when an ambulance is used.
- Assume responsibility of any resultant expense (i.e., ambulance costs).

Parent/Guardian Signature _____

Date (d) (m) (y)

CHARITABLE DONATIONS & PLEDGES

Fundraising profits help to minimize fee increases and purchase program enhancements. **Each year ALL families are ENCOURAGED to help by participating in fundraising activities and DONATING an amount suitable for your family. Please indicate your choice below.**

- I choose to donate a single lump sum amount of \$ _____ for the calendar year. I would like the amount included on the pre-authorized debit transaction on this month and date: _____ 1st or _____ 15th.
- I choose to donate \$ _____ with each regularly scheduled pre-authorized debit transaction.
- I choose to not donate in this calendar year.

Any amount is appreciated. Thanks! A receipt will follow after December 31.

Parent/Guardian Signature _____

Date (d) (m) (y)

PROTECTION FROM THE SUN

Cook's School Day Care Inc purchases sunscreen in bulk to be applied to the children attending our centre-based programs from May 1st to September 30th. You will be notified of the brand and strength before applications begin and if changes occur. Product labels are checked to ensure that no traces of nut/peanuts are contained in the ingredients. We do not purchase individual containers for every child.

Although no fee is charged, a donation of the same product being used or cash to help offset the cost would be greatly appreciated. A tax receipt is issued for all donations.

Parents / Guardians are responsible for providing labelled sunscreen if:

- * You do not want your child to use the brand supplied by Cook's School Day Care Inc.
- * You want sunscreen applied to your child before or after the period stated.

It is important that sunscreen be applied for our outdoor activities. Please sign the agreement below to allow us to apply sunscreen to your child.

- I give permission for sunscreen supplied by Cook's School Day Care Inc to be applied as required for outdoor activities while my child is in attendance from May 1st to September 31st. I give permission for Cook's School Day Care Inc to apply the labelled sunscreen I supply prior to and after the period stated.
- I will supply labelled sunscreen from May 1st to September 30th. I give permission for Cook's School Day Care Inc to apply the sunscreen supplied as required for outdoor activities while my child is in attendance. I give permission for Cook's School Day Care Inc to apply the labelled sunscreen I supply prior to and after the period stated.

Parent/Guardian Signature _____

Date (d) (m) (y)

PHOTOGRAPHY PERMISSION: Please check ALL that apply

- I give permission for my child's photo to be taken and displayed by Cook's School Day Care Inc in the following ways (check all that apply)
- Activity room learning story bulletin board
 - Posting in the centre
 - Learning story personal portfolio
 - In-house slide shows
 - In-house photo albums
 - Creative activities
 - Parent gifts

If my child appears in a group Learning Story photo, I consent to the photo being shared with the families of the children in the photo.

- Keeping in mind that only the first names of those in any photo are used in the description of the activity captured, I consent to photos of my child being:
- Posted on the Cook's website.
 - Posted on the Cook's Facebook page.
 - Used in marketing materials with prior consent of each marketing activity.

I give permission for my child to be included in class photos taken on-site by the professional photographer. I understand that class photos are available for all families to purchase.

I do not give permission for my child to be photographed by Cook's School Day Care Inc for any reason.

Parent/Guardian Signature

Date (d) (m) (y)

MEDIA RELEASE: Please check ONE statement

PERMISSION IS GRANTED for my child to be involved in media coverage involving Cook's School Day Care Inc. His/her name may accompany media photos.

PERMISSION IS DECLINED for my child to be involved in media coverage involving Cook's School Day Care Inc.

Parent/Guardian Signature

Date (d) (m) (y)

